

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Maryland USA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00581777	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Pound, Feinstein &amp; Associates</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address <b>5614 Connecticut Ave., NW Suite 270</b>		Amount <b>5125.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20015</b>	Transaction ID : <b>SE.4196</b>
Purpose of Expenditure TV advertising (production)		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 28 / 2016</b>
Name of Federal Candidate <b>Amie Hoeber</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Pound, Feinstein &amp; Associates</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 28 / 2016</b>	
Mailing Address <b>5614 Connecticut Ave., NW Suite 270</b>		Amount <b>950.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20015</b>	Transaction ID : <b>SE.4197</b>
Purpose of Expenditure Radio advertising (production)		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 28 / 2016</b>
Name of Federal Candidate <b>Amie Hoeber</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MD</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>6075.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joel Riter

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 30 / 2016**

Signature